

REGIMENTAL DOCUMENTS

NAME *He* **AULD HENRY ALBERT VICTOR** REGT. NO. **820808** UNIT **141st B.** H. Q. FILE NO. **7342**

S

CONTENTS

DATE RECEIVED

TO WHOM FORWARDED

DATE FORWARDED

M. F. W. 2505
REFERENCE

NON-EFFECTIVE BY

ATTESTATION PAPER (M.F.W. 23, 133, or 51)

CASUALTY FORM (M.F.W. 54 or A.F.B. 103)

TRAINING HISTORY SHEET (M.F.W. 113)

FIELD CONDUCT SHEET (M.F.W. 178 or A.F.B. 122)

REGT. CONDUCT SHEET (M.F.B. 263 or A.F.B. 120)

COMPANY CONDUCT SHEET (M.F.B. 263A or A.F.B. 121)

MEDICAL HISTORY SHEET (M.F.B. 313 or A.F.B. 178)

DENTAL HISTORY SHEET (M.F.B. 465)

MEDICAL REPORT (M.F.B. 227 or A.F.B. 179)

MEDICAL EXAMINATION (M.F.W. 129)

TRANSFER CLOTHING STATEMENT (M.F.W. 97 or D.O.S. 2)

PROCFEDINGS, COURT OF INQUIRY (M.F.B. 303 or A.F.A. 2)

DECLARATION, COURT OF INQUIRY (M.F.B. 259 or A.F.B. 115)

LAST PAY CERTIFICATE (M.F.W. 44)

PROCEEDINGS ON DISCHARGE (M.F.W. 218 or A.F.B. 268)

PARTICULARS OF CHARACTER (A.F.W. 3226)

COPY OF PARCHMENT DISCHARGE CERTIFICATE (M.F.W. 39A)

1 M.F.W. 192

1 M.M.J. 1375

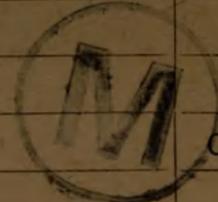
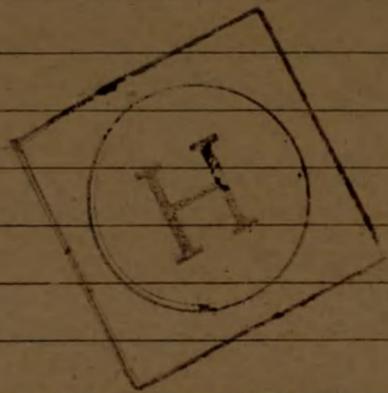
1 Capt. H. G. 5004A

1 R 149

1 Cap. Card

1 944 1237

11/8/19



DEATH

Category

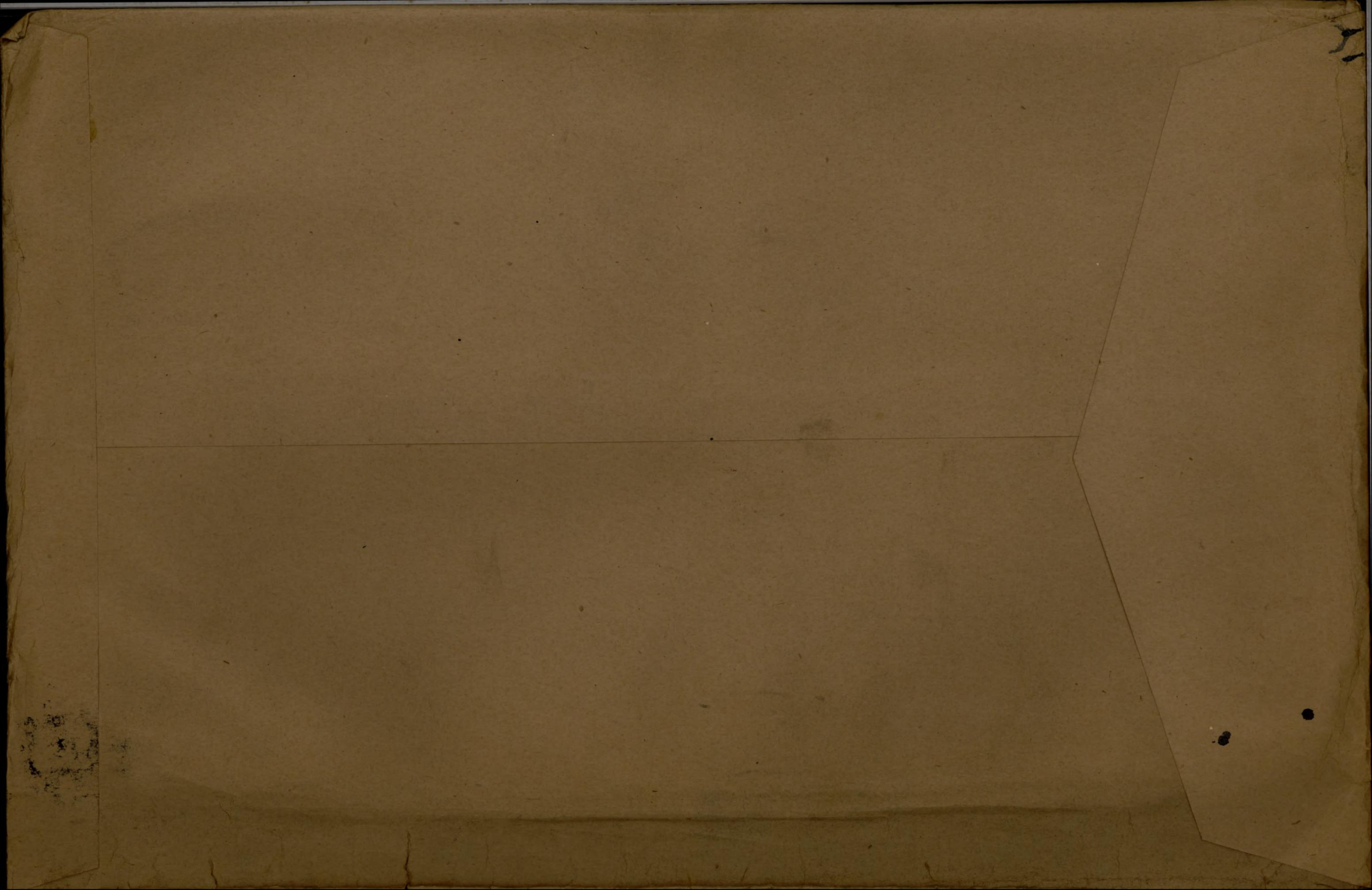
DISCHARGE

Category

Remob

DESERTION

*10-10
23-10
31-10
1*



Folio. CANADIAN OVER-SEAS EXPEDITIONARY FORCE.

QUESTIONS TO BE PUT BEFORE ATTESTATION.

(ANSWERS.)

- 1. What is your surname? *Auld*
- 1a. What are your Christian names? *Harry Harry Albert Victor*
- 1b. What is your present address? *1519 Donald street, Fort William Ont.*
- 2. In what Town, Township or Parish, and in what Country were you born? *Belfast, Ireland*
- 3. What is the name of your next-of-kin? *Hugh Auld*
- 4. What is the address of your next-of-kin? *1519 Donald street, Fort William, Ont.*
- 4a. What is the relationship of your next-of-kin? *Father*
- 5. What is the date of your birth? *25th May, 1898*
- 6. What is your Trade or Calling? *Laborer*
- 7. Are you married? *No*
- 8. Are you willing to be vaccinated or re-vaccinated and inoculated? *Yes*
- 9. Do you now belong to the Active Militia? *No*
- 10. Have you ever served in any Military Force? *No*
If so, state particulars of former Service.
- 11. Do you understand the nature and terms of your engagement? *Yes*
- 12. Are you willing to be attested to serve in the } *Yes*
CANADIAN OVER-SEAS EXPEDITIONARY FORCE? }

DECLARATION TO BE MADE BY MAN ON ATTESTATION.

I, *Harry Auld*, do solemnly declare that the above are answers made by me to the above questions and that they are true, and that I am willing to fulfil the engagements by me now made, and I hereby engage and agree to serve in the Canadian Over-Seas Expeditionary Force, and to be attached to any arm of the service therein, for the term of one year, or during the war now existing between Great Britain and Germany should that war last longer than one year, and for six months after the termination of that war provided His Majesty should so long require my services, or until legally discharged.

Date *June 3*, 191*6*. *Harry Auld* (Signature of Recruit)
J. B. Eberts (Signature of Witness)
Lieut

OATH TO BE TAKEN BY MAN ON ATTESTATION.

I, *Harry Auld*, do make Oath, that I will be faithful and bear true Allegiance to His Majesty King George the Fifth, His Heirs and Successors, and that I will as in duty bound honestly and faithfully defend His Majesty, His Heirs and Successors, in Person, Crown and Dignity, against all enemies, and will observe and obey all orders of His Majesty, His Heirs and Successors, and of all the Generals and Officers set over me. So help me God.

Date *June 3*, 191*6*. *Harry Auld* (Signature of Recruit)
J. B. Eberts (Signature of Witness)

CERTIFICATE OF MAGISTRATE.

The Recruit above-named was cautioned by me that if he made any false answer to any of the above questions he would be liable to be punished as provided in the Army Act. The above questions were then read to the Recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said Recruit has made and signed the declaration and taken the oath before me, at *Fort William* this *3rd* day of *May* 191*6*.

H. H. [Signature] (Signature of Justice)

Harry
Description of Albert Victor Auld on Enlistment.

Apparent Age 18 years months.
(To be determined according to the instructions given in the Regulations for Army Medical Services.)

Distinctive marks, and marks indicating congenital peculiarities or previous disease.

(Should the Medical Officer be of opinion that the recruit has served before, he will, unless the man acknowledges to any previous service, attach a slip to that effect, for the information of the Approving Officer).

Height 5 ft. 5 ins.

no scars

Chest measurement { Girth when fully expanded 35 1/2 ins.
Range of expansion 2 1/2 ins.

Complexion medium fair

Eyes Blue

Hair light Brown

Religious denominations { Church of England
Presbyterian x
Methodist
Baptist or Congregationalist
Roman Catholic
Jewish
Other denominations
(Denomination to be stated.)

one vaccination upper left arm, 1900

weight 138 lbs

CERTIFICATE OF MEDICAL EXAMINATION.

I have examined the above-named Recruit and find that he does not present any of the causes of rejection specified in the Regulations for Army Medical Services.

He can see at the required distance with either eye; his heart and lungs are healthy; he has the free use of his joints and limbs, and he declares that he is not subject to fits of any description.

I consider him* fit for the Canadian Over-Seas Expeditionary Force.

Date June 10 1916

[Signature]

Place Fort William

Medical Officer.

*Insert here "fit" or "unfit."

NOTE.—Should the Medical Officer consider the Recruit unfit, he will fill in the foregoing Certificate only in the case of those who have been attested, and will briefly state below the cause of unfitness:—

CERTIFICATE OF OFFICER COMMANDING UNIT.

Harry Albert Victor Auld having been finally approved and inspected by me this day, and his Name, Age, Date of Attestation, and every prescribed particular having been recorded, I certify that I am satisfied with the correctness of this Attestation.

[Signature] (Signature of Officer)

Date June 10th 1916

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate



This is to Certify that No. 820808 (Rank) Private

Name (in full) Henry Albert Victor Auld enlisted in
the 141st Overseas Battalion

CANADIAN EXPEDITIONARY FORCE at Fort William on the 3rd
day of June 1916.

HE served in 44th Battalion "France"

and is now discharged from the service by reason of Demobilization ☆
R.O. 1420-c ☆ C.O. 71 - 659 D.O. 81 ☆

THE DESCRIPTION OF THIS SOLDIER on the DATE below is as follows:—

Age 21 yrs
Height 5'7"
Complexion Fair
Eyes Blue
Hair Brown

Marks or Scars Scar corner of
Right Eyebrow.

H. A. V. Auld
Signature of Soldier

A. Forbes **Major**
Officer Commanding No. 10 District Depot

Issuing Officer

Date of Discharge 26-3-19

Rank

Signed at Winnipeg this 26th day of March 1919

Appointment

in Military District No. 10

File Reference No. HH. A. 685

N.B.—As no duplicate of this Certificate will be issued, any person finding same is requested to forward it in an unstamped envelope to the Secretary, Militia Council, Ottawa, Canada.

CANADIAN EXPEDITIONARY FORCE

Discharge Certificate

No. (Rank) Name

Unit

Address on Discharge

Character and Conduct

Former Occupation

Special Qualifications of Value in Civil Life

Medals and Decorations

Remarks

Signed at this day of 19

WAR SERVICE BADGE

CLASS "A." NO. 74121 ISSUED

Name of Officer

Rank

Appointment

On demobilization the particulars called for on the back of this certificate will not be completed.

ORIGINAL MEDICAL HISTORY SHEET

820808
A 154
207/A

Surname Auld Christian Name Henry Albert Victor

Examined { on 10 day of June 1916
at Fort William

Approved by PM Boyd MSc

Birthplace { City or Town Belfast
County Ireland

Rank _____ M.O.

Apparent age 18

Trade or occupation Elevator man

Date	Fit or Unfit	EXAMINED FOR RE-ENGAGEMENT
		3-DEC 1917 M.O.
		28-11-17 M.O.
		F. Spec M.O.
		M.O.
		M.O.
		M.O.
		M.O.

Height 5 feet 5 Inches

Weight 130 lbs.

Chest measurement { Minimum 33 inches
Maximum expansion 35 1/2 inches

Physical development normal

Small-pox Marks none

Vaccination Marks { Arm Right Left X
Number One

Date	Result	VACCINATIONS
<u>1916</u> <u>Oct/16</u>	<u>+</u>	M.O.
		M.O.
		M.O.

When Vaccinated last 1900

(a) Marks indicating congenital peculiarities or previous disease -

Date	Result	ANTI-TYPHOID INOCULATIONS, ETC.
<u>1916</u> <u>Aug/16</u>	<u>TAB</u>	M.O.
<u>Sept/16</u>	<u>TAB</u>	M.O.
<u>Sept/16</u>	<u>TAB</u>	M.O.
<u>27/8/17</u>	<u>TAB</u>	M.O.

Enlisted on 3rd day of June 1916 at Fort William, Ont.

	CORPS	REG'TL NUMBER	HABITS	DATE
Joined on enlistment	<u>141st Batt.</u>	<u>820808</u>		<u>3rd June 1916.</u>
Transferred to	<u>18th Res. Bn.</u>			<u>MAY 5 1917</u>
	<u>44th Batt.</u>	<u>820808.</u>		<u>SEP 9 1917</u>

EXAMINED OR DISCHARGED BY A MEDICAL BOARD

STATION	DATE	DISEASE	RESULT
<u>Post Arthur</u> <u>Shorncliffe</u>	<u>Nov. 16-1916</u> <u>30-7-18</u> <u>F.S.</u>		<u>cat A. admitted</u> <u>capt.</u>

N.B.—This sheet to be disposed of in accordance with instructions in the Regulations for Army Medical Service, on the man becoming non-effective; the date and cause being stated on next page.

J.M.C.

CANADIAN

Surname *Child* Christian Name *Henry Albert Victor*

STATION	Date of Arrival at the Station	DATES OF						DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied. Particulars of prophylactic inoculations.	Signature of Medical Officer
		Admission into Hospital			Discharge from Hospital						
		Day	Month	Year	Day	Month	Year				
<i>Herbert Prodicen</i>		<i>28</i>	<i>11</i>	<i>17</i>	<i>18</i>	<i>12</i>	<i>17</i>	<i>Pleurisy</i>	<i>21</i>	<i>Convalescent transferred to Canadian Hosp^r Bromley</i>	<i>W. T. Smith Capt RMC</i>
	CANADIAN CONVALESCENT HOSPITAL BROMLEY, KENT.	<i>18</i>	<i>12</i>	<i>17</i>	<i>21</i>	<i>12</i>	<i>17</i>	<i>Do</i>	<i>4</i>	<i>Impure note under scapulae right side, and left lower axilla Breath sounds very distant over apex of right lower lobe (thickened pleura bilateral) discharged Category 2-7</i>	<i>A. B. Perry Capt</i>

141st OVERSEAS BATTALION, C. E. F.

FORM OF WILL

AULD

I, Henry Albert Victor Auld (Name in full)
Regimental Number 820808 serving in 141st Overseas Batt

of the Canadian Expeditionary Force, do hereby revoke all former Wills by me made and declare this to be my last Will.

I devise all my real estate unto

Mrs. Agnes Auld
1519 Donald St (mother)
Fort William Ont

Name and Address
of person or
persons to whom
it is to go.

absolutely, and my personal estate I bequeath to

Mrs Agnes Auld (mother)
1519 Donald St
Fort William Ont

Name and Address
of person or
persons to receive
personal estate*
(See note).

NOTE
This space for the
appointment of
Executor if
necessary.

Jugh Auld
1519 Donald St
Fort William Ont

IMPORTANT
NOTE
This must be signed
and Dated by
THE SOLDIER
HIMSELF.

this 6 day of February A.D. 191

Henry Auld Signature of Soldier.

*N.B. Personal estate includes pay, effects, money in bank, insurance policy, in fact everything except real estate.

Signed and acknowledged by the Testator as and for his last Will in the presence of us both present at the same time, who in his presence, at his request, and in the presence of each other have hereunto subscribed our names as Witnesses.

Signature of First Witness J R Duff Lieut

Address of Witness 141st O S Batt or 79 Grange St, Guelph, Ont

THE TWO
WITNESSES

Occupation of Witness Soldier & Banker

MUST
SIGN HERE

Signature of Second Witness W B Leslie Lieut.

Address of Witness 141st Battalion (111 Arthur St, Guelph Ont)

Occupation of Witness Soldier & School Teacher.

FORM OF WILL

I, *John J. [illegible]* of the County of *[illegible]* State of *[illegible]* do hereby certify that I am of sound mind and memory and I am not under any legal disability and I am not insane, idiotic, blind, deaf, dumb, or otherwise incapable of making a will.

And I do hereby declare that I am not under any legal disability and I am not insane, idiotic, blind, deaf, dumb, or otherwise incapable of making a will.

I do hereby declare that I am not under any legal disability and I am not insane, idiotic, blind, deaf, dumb, or otherwise incapable of making a will.

I do hereby declare that I am not under any legal disability and I am not insane, idiotic, blind, deaf, dumb, or otherwise incapable of making a will.

I do hereby declare that I am not under any legal disability and I am not insane, idiotic, blind, deaf, dumb, or otherwise incapable of making a will.

I do hereby declare that I am not under any legal disability and I am not insane, idiotic, blind, deaf, dumb, or otherwise incapable of making a will.

I do hereby declare that I am not under any legal disability and I am not insane, idiotic, blind, deaf, dumb, or otherwise incapable of making a will.

I do hereby declare that I am not under any legal disability and I am not insane, idiotic, blind, deaf, dumb, or otherwise incapable of making a will.

This is to certify that dates of service shown hereon are correct according to Official Records in our Possession

DEPARTMENT OF MILITIA AND DEFENCE.

WAR SERVICE GRATUITY.

NO. 10 DISTRICT
SUB DEPOT

OTTAWA, CANADA.

M. Skinner Lt.

Officer Commanding No. 10 District, Sub. Depot

Declaration required of Officers, Warrant Officers and Men who claim War Service Gratuity under Order-in-Council (P.C. 3165), dated 21st December, 1918.

If the applicant will enquire at the local Branch of the Canadian Patriotic Fund he will be informed if there is an official who will take this Declaration free of charge.

A complete reply must be given to every question in this Declaration. There must be no blanks and no dashes. If any questions are not applicable, the words "NOT APPLICABLE" must be written out.

On completion this Declaration is to be returned to THE DISTRICT PAYMASTER OF THE DISTRICT IN WHICH THE SOLDIER WAS DISCHARGED.

1. Christian names *Henry Albert Victor* 2. Surname *Auld*
3. Rank *Pte* 4. Original Unit *141st* 5. Reg. No. *820808*
6. Address, in full, to which future payments of gratuity are to be forwarded
*1519 Donald St.
Fort William Ont.*
7. Date of enlistment in the C.E.F. *June 3rd 1916*
8. Names of dependent, if any, to whom Separation Allowance is being issued, or was being issued, immediately prior to your discharge *Not applicable*
9. Relationship of such dependent *Not applicable*
10. Address, in full, of such dependent *Not applicable*
11. Is said dependent now, or was said dependent at any time in receipt of Separation Allowance on account of another soldier? *No*
12. Were you at any time on the strength for pay and allowances of a unit of the C.E.F. which was out of Canada or the United States when such pay and allowances were issuable? If so, give particulars of one such unit and dates of service overseas with such unit:—
44th Bn France 8/9/17 to 12/11/17
13. Were you on the strength for pay and allowances of the Clearing Services Command, having been at any time on duty outside of Canada or the United States? *No*
14. Were you on active service only in Canada or the United States? If so, give particulars of unit and dates of such service *Not applicable*
15. Give total length of time which you served on active service, whether in Canada or Overseas, setting out particulars of units on whose strength you served *141st Bn Can 3/6/16 to 18th Res Bn Eng 7/5/17 to 44th Bn France 8/9/17 to M.R.D. 18th Res Bn Eng 12/11/17 to #10 Dis Dep. Can 23/2/19 to Dis 26.3.19*
16. Were you at the time of enlistment a civil employee of the Dominion Government? If so, state Department *No*
17. Were you a member of the Permanent Force at the time of enlistment in the C.E.F.? *No*

18. Have you had more than one enlistment? If so, give particulars of discharges and re-enlistments, and under what regimental numbers and units.
No
19. Have you already received any payment of Post Discharge Pay or War Service Gratuity? If so, state amount you and your dependents have already received and by whom paid
No
20. Have you been issued with a War Service Badge? If so, what class?
No
21. Have you, during the present war, served in the Imperial Forces?
No
22. Are you entitled to receive, or have you received any gratuity in the nature of Post Discharge Pay from the Imperial Forces? If so, state amount received, or to which you are entitled
Not applicable
23. (a) Did you revert Overseas to a rank lower than the substantive rank held by you on your arrival in England?
No
 (b) If so, was such reversion in consequence of misconduct or inefficiency?
Not applicable
24. Are you now serving in the C.E.F.?
No If not, give:—(a) Date of discharge
26. 3. 19 (b) Reason for discharge
Demobilization
25. Are you at present a member of and in receipt of pay and allowances from any Canadian naval or land forces? If so, give unit
No
26. Did you at any time serve at the front in an actual theatre of war? If so, give particulars of one unit which you served at the front, and dates of such service with that unit
Yes 484th Bn As in Para 12
27. (a) Are you receiving treatment from the Department of Soldiers' Civil Re-establishment?
No
 (b) If so, are you in receipt of full pay and allowances from that Department?
No

And I make this solemn declaration, conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath and in virtue of the Canadian Evidence Act.

Signature of Applicant: *H.A. Auld*

Place of Residence: *1519 Donald St Fort William Ont.*

Declared before me at: *Port Arthur*

This *26* day of *March* 19*19*

Signature of Barrister of the Supreme Court Stipendiary Magistrate, Notary Public, Justice of the Peace, or Commissioner for the Administration of Oaths.

W. Thorne, J.

POST DISCHARGE PAY.

Date paid.	Paid Soldier	Paid Dependent	War Service Gratuity	Net amount due
.....	<i>350.00</i>
.....
.....

Certified Correct.

District Paymaster.

MEDICAL CASE SHEET.*

No. in Admission and Discharge Book.	Regimental No.	Rank.	Surname.	Christian Name.
Year	Unit.	Age.	Service.	
	820808	Pt	Auld	Harry
	44/ Canadian. A. Co.	19	1 1/2	
Station and Date.	Disease <u>Measles</u>			
Nov. 25	<p>M. was taken ill in France Nov 13: not taken to hospital. Rash appeared Nov. 25: but his voice healthy. Came to England in Convoy Nov. 25th</p>			
	P. I. list			
	P. C. Tongue coated (brown) Teeth good. Throat normal. Voice hoarse			
	Heart list abnormal detected.			
	Lungs normal. No induration heard. V. F. Chalky & normal W. H. G.			
	Abdomen } list abnormal detected. Subcutaneous }			
16-XII-17	Convalescent			
18-XII-17	Transferred to Canadian depot Baynes.			

*The first and last entries will be signed, and transfers from one Medical Officer to another, attested by their signatures.

Station
and Date.

WTE 1944
HENRY A VICTOR AUCD

808808

ELBERT IRELAND

11/11

1000

1000

1000

1000

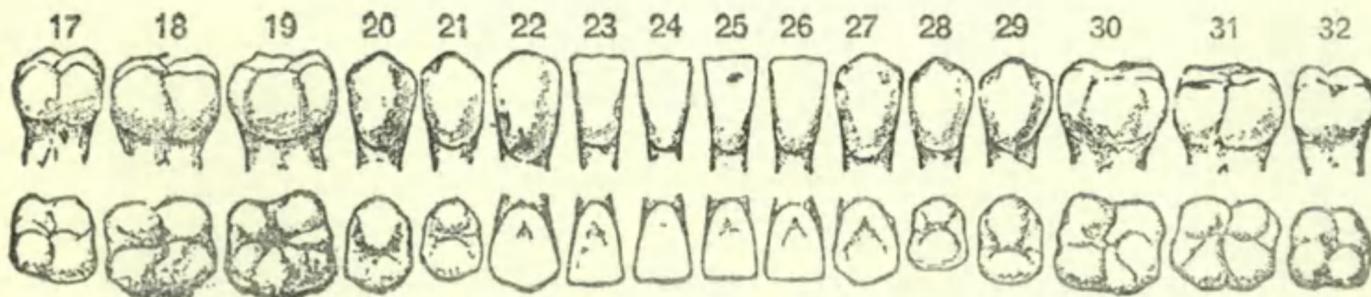
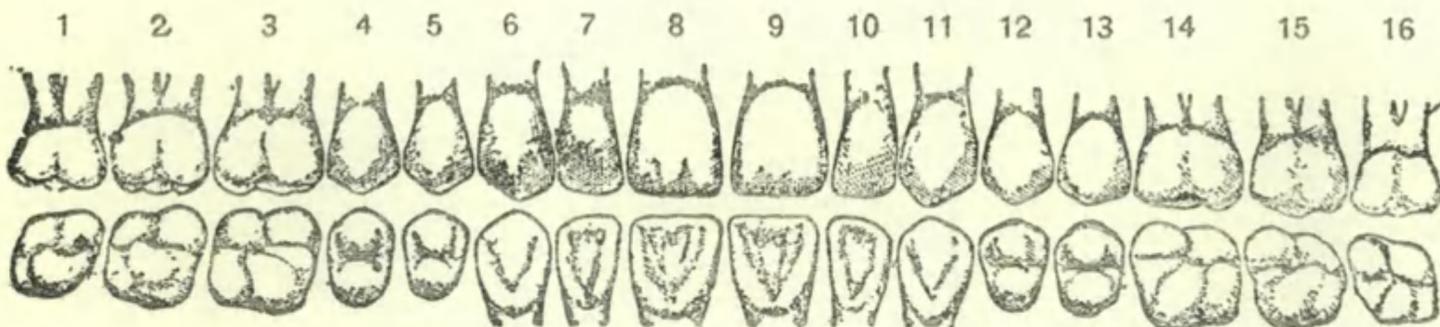
CANADIAN ARMY DENTAL CORPS, O.M.F.C.

DENTAL CERTIFICATE FOR DEMOBILIZATION

Canadian Printing and Stationery Services, London

NAME OF SOLDIER (Block Letters) AULD, H. A. V.
REGIMENT 18 Res. RANK Pte No. 820808

Date of Examination in England 7-2-19 Date of Examination in France



PRESENT DENTAL REQUIREMENTS

- 1. FILLINGS
2. EXTRACTIONS
3. CROWNS
4. DENTURES
(a) Full Upper
(b) Part Upper
(c) Full Lower
(d) Part Lower

HAS HE EVER REFUSED DENTAL TREATMENT? No

HAS HE EVER RECEIVED DENTAL TREATMENT? (Reply by "Yes" where applicable to any or all of a, b or c.)

- (a) In Canada Yes
(b) In England
(c) In France

Signature of Dental Officer

[Handwritten signature]

DIRECTIONS TO DENTAL OFFICERS

- 1. This form will be made out for each individual at the time of Demobilization in England or France.
2. Figures as per chart will be used to designate teeth concerned.
3. In reference to Partial Dentures the numbers of teeth thereon will be stated.



1870

1870

1870

1870

1870

1870

1870

SERVICE AND CASUALTY FORM (Part I).

Army Form B, 103-1.
Part I.

Army Form B. 103 (II.) to be gummed on here if required.

Nothing to be written in this margin.

W1889-PP1150 1M 5/18 G.W.P.Co (34/90)

(1)*Substantive rank *Acting rank *[To be entered in pencil to facilitate alteration.] (4) Surname (5) Christian Names (6) Army Form, number of, Attestation } Form or Record of Service paper } (7) Whether of British or of Alien origin [<i>vide</i> A.C.I. 578 of 1918] (8) Date of birth as stated on enlistment (9) (a)	(2) Regiment or Corps	(3) Regtl. No.
--	-----------------------	----------------

(10) Enlistment (b)	(11) Engagement (c)
(12) Service reckons from (date)	(13) Special conditions (if any) of enlistment (d)
(14) Any subsequent variations (if any) } of conditions of service }	(Authority) (date)

Initials and Rank of
an Officer.

(15) Category	Date	Medical Authority	Initials and Rank of an Officer	(16) (Record of Occupation in Civil life (<i>vide</i> Army Order 93 of 1917))
				Industrial Group No. Trade or Calling Married or Single Particulars of Trade Test Occupation Cards despatched on (date) Second Occupation Card despatched on (date)

(17) Next of Kin	(Place)	(Signature of
(18) Demobilizer (f)	(Date)	{ Posting Officer
(19) Pivotal-man (f)	or (21) Corps trade and rate	
(20) Qualifications (g)		
(22) Extended {	(23) Re-engaged {	
(24) Miscellaneous entries:—		

NOTES.—[a] Here enter particulars of any subsequent claim as to actual age after verification by birth certificate [*vide* A.C.I. 470 of 1918. [b] Whether direct or voluntary enlistment or called up under the Military Service Acts. [c] Whether for specified term of years or for duration of the war. [d] Whether "for Home Service only," or "not to be transferred without the soldier's consent, &c." [e] If to be retained on Home Service, period, if specified, to be stated, also authority, and on what grounds. [f] Required for demobilization purposes. [g] Signaller, Shoemaking, &c.

(A) Report		(B) Authority of Part II. of Orders	(C) Record of promotions, appointments, reductions, casualties, transfers, postings, &c. All acting as well as substantive promotions to be shown, for method of entry of which see A.C.I, 1816 of 1917. Corps and unit to which transferred and posted to be invariably named.	(D) Place of casualty	(E) Date of promotion, reduction, reversion, casualty, &c.	(F) Remarks, and initials and rank of an officer
Date.	From whom received					

18-2-19 J.O.S. C.C.C. Kinmel Park for
return to Canada. Part 11 Orders
No. 41 S.O.S.
C.C.C. Kinmel Park on emba'k-
ing for Canada, Part 11 Order
No. 52 H. Ross. Lt.
for Commanding 10 Wing,
Kinmel Park Camp.

22 . 2 . 19

SLI LVPI FEB 23/19
FEI HFX MAR 2 10
H M T † BELGIC †

*Discharged 26-3-19, *
⇒C. O, 71/659 D. O, 81⇐

[Signature] Major
Officer Commanding No. 10 District Depot

Nothing to be written in this margin.

Fill Only.—Unit, Number, Rank and Name.

M. F. W. 54. (A. F. B. 103.)

Casualty Form—Active Service.

250M.—1-16.

H. Q. 1772-39-920.

Unit, Regiment or Corps 141st Overseas Battalion

Regimental No. 820808 Rank Private Name Auld Henry Albert Victor
C. E. F.

Enlisted (a) 3-6-16 Terms of Service (a) D.O.F.W. Service reckons from (a) 3-6-16

Date of promotion to present rank. } Date of appointment to lance rank } Numerical position on roll of N. C. Os. }

Extended _____ Re-engaged _____ Qualification (b) Labourer

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
		<i>Embarked</i>	<i>Halifax</i>	<i>28/4/17</i>	<i>N. No. 2810</i>
		<i>Disembarked England</i>	<i>Liverpool</i>	<i>7-5-17</i>	
<i>14-5-17</i>	<i>141st Bn.</i>	<i>Transferred to 18th Res. Bn.</i>	<i>Kilgobbin</i>	<i>7-5-17</i>	<i>Part II W.O. #114.</i> <i>W. H. Langley</i> <i>Commanding 141st Overseas Battalion, C. E. F.</i>
		<i>T.O.S. FROM 141ST BN</i>	<i>DIEGATE</i>	<i>7/5/17</i>	<i>PT. 2 DO 124</i>
		<i>Drafted to 44th Batt.</i>	<i>Dielgate</i>	<i>SEP 8 1917</i>	<i>Part II D.O. 237</i> <i>W. H. Langley</i> <i>Assistant Adjutant, 18th Res. Bn.</i>
<i>13-8-17</i>	<i>44 Bn</i>	<i>T. O. S.</i>	<i>Field</i>	<i>8-9-17</i>	<i>Pt-II O. 107</i>
<i>26-9-17</i>	<i>4 C.B.D.</i>	<i>Left for C.C.R.C.</i>	<i>"</i>	<i>26-9-17</i>	<i>N.R. 589</i>
<i>28-9-17</i>	<i>C.C.R.C.</i>	<i>Arrived</i>	<i>"</i>	<i>28-9-17</i>	<i>N.R. 69</i>

CERTIFIED CORRECT.
 25 SEP 1917
 LONDON

(a) In the case of a man who has re-engaged for, or enlisted into Section D. Army Reserve, particulars of such re-engagement or enlistment will be entered.
 (b) e.g. Signaller, Shoeing Smith, etc., etc., also special qualifications in technical Corps duties. [P.T.O.]

820808.Pte.Auld. H.A.V.

Report		Record of promotions, reductions, transfers, casualties, etc., during active service, as reported on Army Form B. 213, Army Form A. 36, or in other official documents. The authority to be quoted in each case.	Place	Date	Remarks taken from Army Form B. 213, Army Form A. 36, or other official documents.
Date	From whom received				
13.10.17	Unit	Joined unit	Diele	10.10.17	B213.
20.11.17	12CFA	P.V.O	Tas 17CCS	10.11.17	B4542
11.11.17	13CFA	"	Tas 12CFA	10.11.17	B4521
12.11.17	7Cdn Enl	"	ad 7Cdn Enl	12.11.17	B5895.
28-11-17.	do.	Invalided SICK and posted to Reg. Depot, Shorncliffe.	H.S. Stad Antwerpen.	28-11-17.	W.3083/4444. Pt. II Ord. No. 138 ^{ad 12/17.}
		<p><i>[Signature]</i> Capt., for Lieut. Col. A.A.G. Canadian Section, 3rd. Echelon. G.H.Q.</p>			
6.12.17.	m.d. Dep.	Taken on strength.	Shelph.	29.11.17	Pl II D 272 <i>[Signature]</i> LIEUT: FOR LT: COL: I/O RECORDS, C.O.M.F.
6.3.18.		Admitted to 1st G.O.D. from <i>Bronby</i> D.O. Pt. II. No. 284		29.12.17.	
7.8.18		Ceases to be attached on proceeding to 18th Res Bn. <i>B.O. No. 295.</i>		5.7.6.8-17.	<i>[Signature]</i> for Adjutant 1st Canadian Command Depot.
7.8.18	<i>Ob 18th Res Bn</i>	Taken on strength	Seapod	6.8.18	Part II D O 219
15.2.19	Do	805 15 MD 10 Wing Kenning Rd for R.S.C.	Do	15.2.19	" " 46
		<p><i>[Signature]</i> Richard H. Baker. for Adjutant, 18th Res. Bn.</p>		<p><i>[Signature]</i> Lieut</p>	

LTR Rank Name AULD, Harry Albert Victor Reg'l No. 820808
 Unit 141st Bn to Manitoba Regt. If in perm. Corps, }
 What Unit? } Married or Single Single.
 Place and Date of Enlistment Fort William, June 3rd, 1916. Place of Birth Belfast, Ireland.
 Name and Address, Next-of-Kin Hugh Auld.
 1519 Donald St, Fort William, Ontario Relationship Father.

Assigned Pay Monthly \$ Payable to Relationship
 Separation Allowance \$ Payable to Relationship

N/E R.B. No 16949
 File R.L.
 Category O.R. Can.

Discharge, Date and Place Reason Character
 H. W. V., Ld.-9546-16.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place	Date.	REMARKS Taken from Official Documents.
Date.	From whom received.				
C. ARRIVED IN ENGLAND 7 5 17 S/S. OLMYPIC					
17 5 17	18th Res	Taken on Strength	Shorncliffe	7.5.17	Pt. II 124
8.9.17	"	Prod. of sea to 44" B.	"	8.9.17	" 237 (104" B. 107 of 13.9.17)
16.11.17	44" B.	12 lan. Field Amb.	"	10.11.17	S.L. 165. P.W.O.
23.11.17.	"	7 lan. Gen. Hosp.	Chaplin.	12.11.17	S.L. 471. "
3.12.17.	"	Bay of Herbert Hosp.	Woburn	29.11.17	" 879. Planning
6.12.17.	M. R. Dep	Taken on Strength.	Shiffe Pt.	29.11.17	Pt II O. 272 (44" B. 138) of 8.12.17
26.12.17	"	J.O.S. as a father in 1811. Brown	"	20.12.17	Pt II O. 291
26.12.17	"	On loan 1st Lt. D. G. Sandling	"	21.12.17	291
26-12-17	MRW.	on loan 1st Lt. D. G. Sandling	Shiffe Pt	21-12-17	Pt II O. 291.
24.12.17	44" B.	lan. Gen. Hosp.	Brown Bay	19.12.17	S.L. 897. Planning
27.12.17.	"	Disced	do	21.12.17	" 898. "

H. W. V. 103 CHECKED
 19 SEP 1917

Cancelled
 No. 175
 of 24-6-18.

820808 Auld, H. A. V.

Report.		Record of promotions, reductions, transfers, casualties, etc., during active service. The authority to be quoted in each case.	Place.	Date.	REMARKS	
Date.	From whom received.				Taken from Official Documents.	
7-8-18	18 Res	To S from MRD ^{at} rpted from CWO. Pte Seaford		6-8-18	MRD. Pte 220d/8/18. 1 st CWO. Pte 215d/6/18. Pte 0219.	
26-8-18	---	On Com Segreg Camp. Bourley	Pte ---	28-8-18	Pte 0.240	
24-9-18	---	off Com from ---	Pte ---	23-9-18	Pte 0.267.	
17-2-19	MWO.	To S. from 18 Res Bn	Pte Rhyll	15-2-19	Pte 47	18 Res 46d/15-2-19
24-2-19	---	SOS. to CEF. Canada. MWO.	Pte ---	22-2-19	Pte 54	

685

MEDICAL EXAMINATION UPON LEAVING THE SERVICE OF OFFICERS AND OTHER RANKS WHO HAVE NO DISABILITY.

S. S. Belgian

*1519 Donald St
Fort William*

Officers and Other Ranks leaving the service for reasons other than medical unfitness are to be reported on this form. Where there is evidence of any undetermined or progressive disability, this form will not be used, but the case will be referred to a Medical Board for completion of M.F.B. 227.

No... **820808**... Rank .. **Private**... Surname ... **AULD**...
(Give name in full)

..... **Harry, Henry**.....

Unit or Corps... **141st; - 44th. Batt's** Birthplace **Belfast, Ireland**...
18th. Res. #10 D. D.

(Examination of Officer or Other Rank (stripped) to be made by one Medical Officer.)

1. GENERAL DESCRIPTION:

Physique .. **Good**... Weight... **155**... lbs. Height... **5**... ft. **7**... in. Color of Eyes **Blue**...

Nutrition **Good**.....

Pulse **80**.....

Condition of arteries... **Normal**.....

Vision Rt. **20/20**..... Left... **20/20**..

Hearing (conversational voice) Rt... **20**... ft.

Left... **20**... ft.

Identification marks, scars, or deformities.
(Give cause and date of origin.)

*Scar under corner
of eyebrow since
childhood
Scar left side of
chin cause of which unknown*

Opinion as to general health and physical condition **Good**.....

2. Has Officer or Other Rank ever suffered from, or has he now, any affection of the following systems? (Answer "Yes" or "No"). (Subjective evidence may be sufficient in certain cases.)

Nervous System... **no**... Genito Urinary System... **no**... Cardio-Vascular System... **no**...

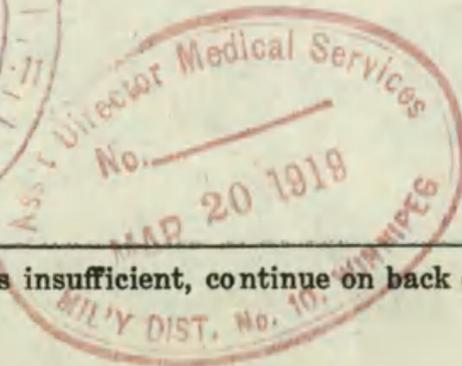
Special Senses... **no**... Integumentary System... **no**... Respiratory System... **no**...

Disturbance of mentality... **no**... Muscular System... **no**... Digestive System... **no**...

Osseous and Joint System... **no**... Any other general condition... **no**.....

3. If the answer to any part of Section 2 above is "Yes," here give full particulars, with cause and date of origin; and also a description of the present condition.

*Had pleurisy in 1917. Completely
cleared up. No disability*



APPROVED

MAR 14 1918

J. Kerwin Major, A.M.C.
in A.D.M.S., M.D. No. 10
WINNIPEG, MAN.

(If space is insufficient, continue on back of form.)

[OVER]

EXAMINATIONS.

THIS SECTION FOR USE OVERSEAS—

Examined at.....(Canada)

Date SignedM.O.

I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

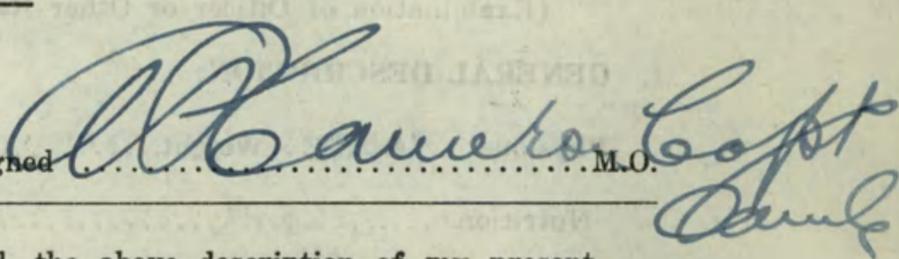
Signautre

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

THIS SECTION FOR USE IN CANADA—

Examined at..Port Arthur...(Canada)

Date .March .14th..1919..... SignedM.O.



I hereby certify that I have read, or have heard read, the above description of my present condition; that I find it correctly stated; and that I have not withheld any information concerning any other affections from which I suffered, either prior to or during service.

Signature

(If not satisfied, M.F.B. 227 will be completed by Medical Board.)

(This space to be used, if necessary, in connection with Section 3, overleaf, only.)

~~SEPARATION ALLOWANCE~~

Name Mrs Agnes Auld
Address 1519 Donald St.,
Port William, Ont
Relation to Soldier } \$ 20.⁰⁰
wife, child or mother } May 1st 1914

Name of Soldier Auld, Harry
Regtl. No. 820808
Rank Pte.
Corps 121st Bn
To what Corps belonging }
when called out }

PAYMENTS

Month	Year	Cheque No.	Amt.	REMARKS
Aug.	1914			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1915			
Feb.				
March				
Apl.				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1916			
Feb.				
March				



1000

1000

1000

ASSIGNED PAY

OVERSEAS CONTINGENTS

Sheet No. 2. *Mrs Agnes Auld*
(Assignee)

Name of Soldier *Auld, Harry*

PAYMENTS.

L. L. Job 5470—Req. 6888.

820808/4173m

Month.	Year.	Cheque No.	Amt.	Remarks.
				<i>20.00 May, 1917</i>
				<i>Pls. MAY 1st 1917</i>
April	1916			
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1917			
Feb.				
March				
April				
May		<i>2 13243</i>	<i>20</i>	
June		<i>C 17137</i>	<i>20</i>	<i>S</i>
July		<i>S 20160</i>	<i>20</i>	<i>B.</i>
Aug.		<i>T 27153</i>	<i>20</i>	<i>S</i>
Sept.		<i>S 34070</i>	<i>20</i>	<i>S 100.00 P.M. ✓</i>
Oct.				
Nov.				
Dec.				
Jan.	1918			
Feb.				
March				
April				
May				
June				
July				

at

MILITIA AND DEFENCE
ASSIGNED PAY
 OVERSEAS CONTINGENTS

Sheet No. 2 (Contd.)

Name of Soldier _____

PAYMENTS.

Month.	Year.	Cheque No.	Amt.	Remarks.
Aug.	1918			
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1919			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				
Dec.				
Jan.	1920			
Feb.				
March				
April				
May				
June				
July				
Aug.				
Sept.				
Oct.				
Nov.				

*Name Auld, Henry Albert Victor Rank Pte. Regtl. No. 820808
 Original unit 141st Present unit 10 D.D. / M. or S. Age 20 Religion Pres. Fyle Depot.....
 Ref. H.Q.....
 Port, ship, and date of arrival Halifax, N.M.T. Belgic, 2/3/19
 Next of kin H. Auld, Father
 Address on leave 5119 Donald St., Fort William, Ont.
 Address on discharge.....
 Transportation issued Yes No Date..... Character on discharge.....
 Previous occupation Laborer Date and place of enlistment Fort William 3/6/16
 Diagnosis..... Date of Medical Boards.....

Date.	Remarks	Pt. 2 Order No.
23/2.19	10 D.D. # 10 D.D. Sub Dept posted to base.	177
	granted 14 days leave with sub	

*—Name will be given in full; surname first.

SURNAME

CHRISTIAN NAME OR NAMES

REG. No.

AULD.

H.A.V.

820808.

RANK

UNIT

Co.

TROOP

BATTY.

Pte.

Man. 44.

HOSPITAL

DATE OF ADMISSION

12. C.F. Amb.

10-11-17.

1.

76. G.A. Staples
Royal. Herbert Hosp. Woolwich

HOSP. 12.11.17
3

2.

Law. Gov. Bromley.

HOSP. 19.12.17.

3.

HOSP.

4.

HOSP.

DIAGNOSIS

P.U.O.

1.

Pleurisy. *by*

2.

3.

DISPOSITION

C.L. 17-11-17. A65(2)

24.11.17 A 41-3.

27.12.17 B. 97(2)

28-12-17 B 98-2,

DATE

Died 24-12-17

REMARKS

A.M.D. 2 DEPT.

Beh. of D.G.M.S. O.M.F.C. London.

EPITOME OF HOSPITAL TREATMENT

HOSPITAL

ADM.

1.

2.

3.

4.

5.

6.

7.

*Name Auld, Henry Albert Victor Rank Pte. Regtl. No. 820808

Original unit 141st Present unit 10 D.D. / M or S. Age 20 Religion Pres. Fyle Depot..... Ref. H.Q.....

Port, ship, and date of arrival Halifax. H.M.T. Belgic, 2/3/19

Next of kin H. Auld, Father

Address on leave 5119 Donald St., Fort William, Ont.

Address on discharge.....

Transportation issued Yes No Date..... Character on discharge.....

Previous occupation Laborer Date and place of enlistment Fort William 3/6/16

Diagnosis..... Date of Medical Boards.....

Date.	Remarks	Pt. 2 Order No.
<u>23/2.19</u>	<u>10 D.D. #10 Dis Sub Depot posted to base granted as app leaving leave with sub</u>	<u>177</u> <u>H. A. P. 2</u>

*—Name will be given in full; surname first.

Electrician

Form DMS 1401.

8289 100M 9/3/17.

Sanboursch HOSPITAL.

A. & D.
CARD

AT *Bromley*

A. & D. No. *4152* PL. OF ACTION _____

RANK *Pte 820806* UNIT *44th Bn* *a* SICK OR WOUNDED

NAME *Auld J. V.* AGE *19* RELIGION *Presby.*

PLACE IN HOSPITAL _____

DIAGNOSIS *Pleurisy*

ADMITTED *18-12-17* FROM *Royal Herberts*

DISCHARGED _____ TO _____

TRANSFERRED _____

SERVICE AT HOME *15 months* IN FIELD *3 months*

RESULTS _____

(See Document Card for M.H. Sheet and other Documents.)

(P.T.O.)

28-11

REMARKS.

CS
7th

Number 820808 Rank Pt

Surname AULD

Christian Name Harry Albert Victor

Units 44th Br. Can Div Theatre of War France

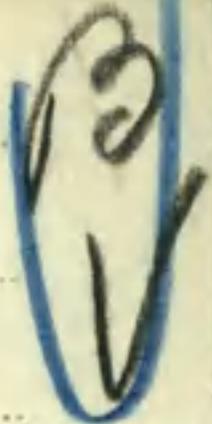
Date of Service 8-9-17

Remarks

Latest Address 15-19 Donald St -
Fort William

Roll No. Out

10m. - 8-21.M. Page 22169



DESP. NOV 14 1922
REGN. ~~NOV 14 1922~~ 2313

LIST No.	HOSPITAL	DATE OF ADMISSION	REMARKS
Q65 ²	12 ban. Fld Amb	10-11-17.	P. U. O. (Man Regt)
Q713	7 ban gen Etaple	12-11-17	P. U. O. (. . .)
B97	ban. bow. Bromley	19-12-17	Pleurisy
B98-2	" Discharged	21-12-17	" (Man. Regt.)

NAME

Auld. H. G. V.

REGT'L No.

820808

H. Q. FILE No. 649.

RANK AND CORPS

Pte.

44th Bn

FOLLOWS

No.

FOLLOWS

CABLE

NO.

DATE

NATURE OF CASUALTY

Brown Halijapers "Olympic" 29-4-17

MARRIED

SINGLE

Yes.

WIDOWER

TRADE OR CALLING

Labourer.

RELIGION

Presbyterian

DESCRIPTION.

APPARENT AGE

18 YEARS

MONTHS

HEIGHT

5 FEET

5 INCHES

CHEST MEASUREMENT

35 $\frac{1}{2}$ INCHES

EXPANSION

2 $\frac{1}{2}$ INCHES

COMPLEXION

Medium Fair

EYES

Blue

HAIR

Lt. Brown.

DISTINGUISHING MARKS

1 scar. upper left arm.

MEDICAL EXAMINATION.

PLACE

Fort William, Ont.

DATE

June 10th. 1916

Present address. 1519 Donald St. Fort William, Ont.

19
CARD NO.
Last Discharge 26-3-19
FOLL.
No. 819 26-3-19
10 20

SURNAME. *Auld.*

CHRISTIAN NAMES *Henry, Albert, Victor*

REGL. NO. *820808.* RANK *Pte.*

UNIT *141st.*

Bn.

FORMER CORPS *nil.*

NEXT OF KIN.

CHANGE OF ADDRESS

NAMES IN FULL *Auld, Hugh.*

RELATIONSHIP TO SOLDIER *Father.*

ADDRESS *1519 Donald St. Fort William
Ont.*

COUNTRY OF BIRTH *Ireland. Belfast.*

DATE *May 25th. 1898.*

PLACE OF ATTESTATION *Fort William, Ont.*

DATE *June 3rd. 1916.*

o/s 29-4-17

*R/C 1-3-19 276
95 Pte.*

No. 820808

RANK

Pte.

NAME

Auld Harry O.

T. O. S. 3-6-16

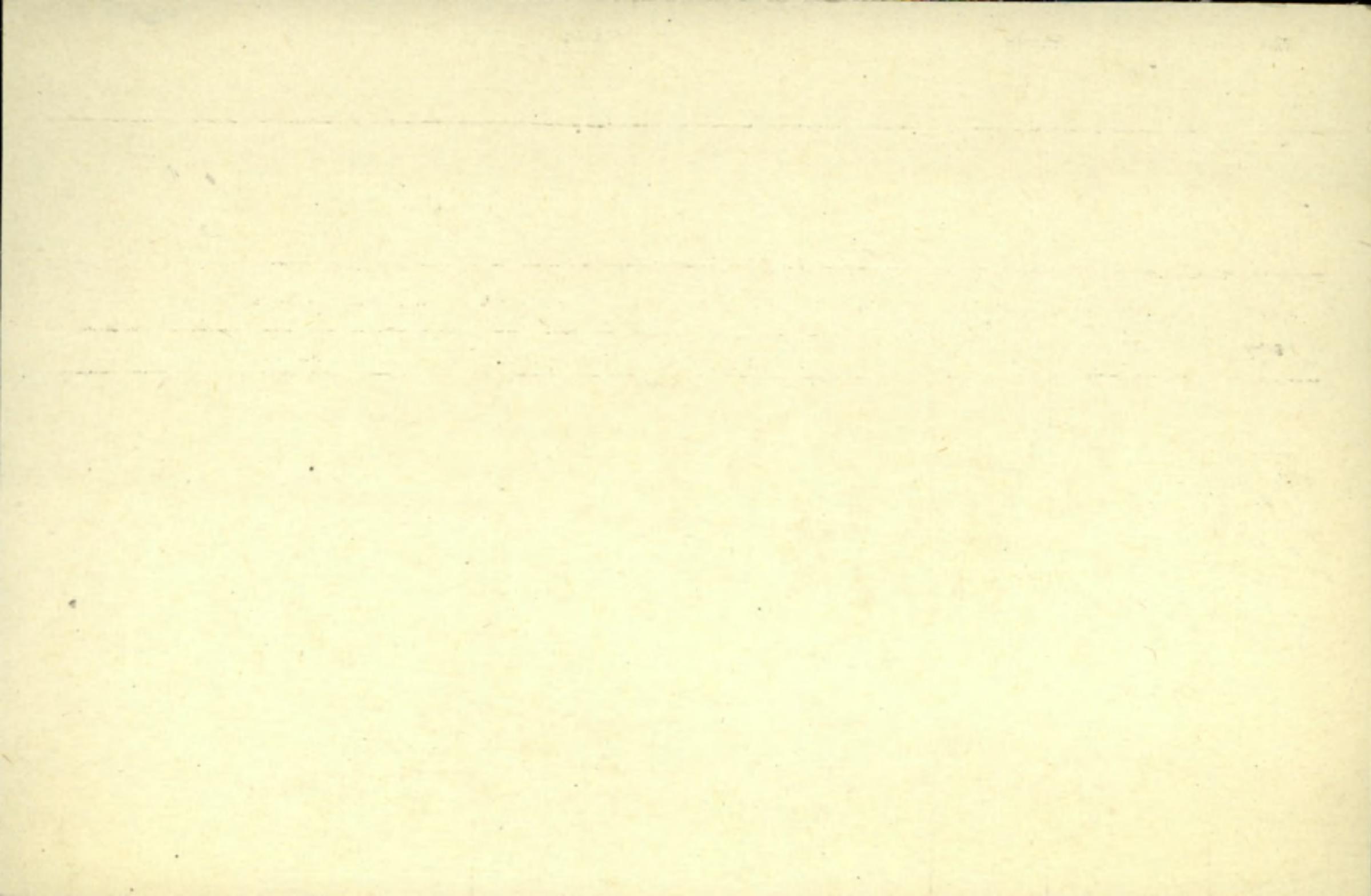
UNIT

141 st. Battalion

D.O. 1440816-6-16

M. D. 10

PAID FROM	PAID TO	SIG. OR REC'T	PROMOTIONS, TRANSFERS, DISCHARGES, ETC.	
			PARTICULARS	AUTHORITY
1916 June 3	1916 June 30	✓		
	July	✓		
	Aug.	✓		
	Sept.	✓		
	Oct.	✓		
	Nov.	✓		
	Dec.	✓		
1917 Jan.	1917 Jan.	✓		
	Feb.	✓	2 days c.s.	00. 36 B 12-2-17
	Mar.	✓		



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

A

5007

May 1 1917

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

20			
----	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

No. 820808
 Rank Pte Promoted Reverted Discharge
 Soldier's Name Harry Auld
 Battalion 141 83 attn
 Beneficiary
 Relationship
 Address

PARTICULARS OF ASSIGNMENT

Name Mrs Agnes Auld
 Address 15-19 Donald St
 Change of Address Fort Williams Out.
 1
 2
 3
 4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
Sept 30-17			100	100 ¹⁰	615-4-4
Oct	D51523		20	20	U.R.O. 7114-8/3/19
Nov	52309 C		20	20	B
Dec	59322 B		20	20	B M
1918 Jan 18	60626 F		20	20	S
Feb	94725 B		20	20	
March	91066 A		20	20	✓
April	7804 I		20	20	A
May	9168 C		20	20	D
June	17551 B		20	20	
July	30564 G		20	20	E
Aug	33137 G		20	20	F
SEP	39969 G		20	20	G
OCT	46595 A		20	20	H
NOV	54680 A		20	20	I
Dec	65603 B		20	20	J
Jan	72789 B		20	20	K
Feb	80565 A		20	20	
MAR	86096 D		20	20	

M. F. W. 128
 400M-6-17-1772-89-1141
 L. L. 22320-M. & D. 7983.

A/c Closed 31-3-19

Rec'd per... Belgic

Date 4/2/19 M.F.W. 187 8/2/19

J.H. Brown

AUDITED.



Date of Enlistment

MILITIA AND DEFENCE

Date of Assignment

Separation and Assigned Pay Branch

OVERSEAS CONTINGENTS

RATE OF SEPARATION ALLOWANCE

--	--	--	--

RATE OF ASSIGNMENT

--	--	--	--

PARTICULARS OF SEPARATION ALLOWANCE

PARTICULARS OF ASSIGNMENT

No.

Name

Rank

Promoted

Reverted

Discharge

Address

Soldier's Name

Change of Address

Battalion

1

Beneficiary

2

Relationship

3

Address

4

Date	Cheque No.	Amount S/A	Amount A/P	Total	REMARKS
------	------------	------------	------------	-------	---------

M. F. W. 128
 400M-6-17-177-39-141
 L. L. 22320-M. & D. 7493.

Belgic
 PROMOTIONS, REDUCTIONS AND REVERSIONS AFFECTING
 DAILY RATE OF PAY AND ALLOWANCES

REGT. No. *220808* RANK *Pfc* NAME (IN FULL) *Auld, H. V.*
 ORIGINAL UNIT C.E.F. *1st Batt* IF IN P.F. WHAT UNIT? (BLOCK LETTERS SURNAME FIRST)

M. OR S. _____
 NEXT OF KIN _____ RELATIONSHIP _____
 ADDRESS _____
 IS SEPARATION ALLOWANCE PAID? *No* DATE EFFECTIVE _____
 TO WHOM PAID _____ RELATIONSHIP _____
 ADDRESS _____

PLACE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 DATE OF ATTESTATION _____ TRANSFERRED TO _____ DATE _____ AUTHORITY _____
 ASSIGNED PAY \$ *20⁰⁰* DATE EFFECTIVE *1/1/19*
 PAYABLE TO *Paula Auld* RELATIONSHIP *Mother* ANY CHANGE IN ASSIGNEE OR ADDRESS _____
 ADDRESS *1519 Donald St*
Fort William Ont.
 STOP PAYMENT FORM ASSIGNED PAY RENDERED, DATE _____ EFFECTIVE _____
 DISCHARGED PLACE *M.D.10* DATE *26/3/19* REASON *D.* AUTHORITY *D.O. 81* IF ENTITLED TO POST DISCHARGE PAY *yes*

A. 211

26

BALANCE FROM PREVIOUS ACCOUNT

MONTH	PAY AND F.A.		OTHER CREDITS		TOTAL CREDITS		ACQUITTANCE ROLLS			CASH PAYMENTS			ASSIGNED PAY		REGI-MENTAL CHARGES		OTHER CHARGES		TOTAL DEBITS		BALANCE		PARTICULARS OR REMARKS
	NO. OF DAYS	RATE	AMOUNT		\$	C.	NO.	DATE	NO.	DATE	NO.	DATE	\$	C.	\$	C.	\$	C.	\$	C.	\$	C.	
			\$	C.																			
<i>28/1/19</i>		<i>10</i>			<i>20</i>	<i>32</i>	<i>20</i>	<i>32</i>															<i>Pr 20⁰⁰ - 6-28/1/19</i>
					<i>50</i>	<i>32</i>	<i>20</i>	<i>32</i>					<i>4 87</i>										<i>Pr P Chas a English 27/1/19</i>
													<i>50 -</i>										<i>Pr P Chas a English 27/1/19</i>
																		<i>20 -</i>					<i>Pr P Chas a English 27/1/19</i>
																							<i>Pr P Chas a English 27/1/19</i>
<i>1/3/19</i>	<i>26</i>	<i>110</i>	<i>28 60</i>	<i>35 -</i>	<i>74 90</i>		<i>25548</i>						<i>35 -</i>				<i>59 55</i>			<i>94 55</i>	<i>19 75</i>		<i>Pr P Chas a English 27/1/19</i>
																							<i>Pr P Chas a English 27/1/19</i>
			<i>28 60</i>	<i>46 20</i>	<i>40 64</i>	<i>74 80</i>							<i>59 84</i>	<i>35 -</i>			<i>79 55</i>			<i>174 42</i>	<i>79 30</i>	<i>20 32</i>	<i>Pr P Chas a English 27/1/19</i>
<i>Nov 26</i>	<i>183</i>				<i>350 -</i>			<i>128637</i>	<i>70 -</i>								<i>19 75</i>					<i>19 75</i>	<i>Pr P Chas a English 27/1/19</i>
<i>Apr 26</i>								<i>555336</i>	<i>70 -</i>														<i>Pr P Chas a English 27/1/19</i>
<i>May 26</i>								<i>593412</i>	<i>90 -</i>														<i>Pr P Chas a English 27/1/19</i>
<i>Jun 26</i>								<i>773354</i>	<i>70 -</i>														<i>Pr P Chas a English 27/1/19</i>
<i>July 26</i>								<i>799405</i>	<i>60 25</i>														<i>Pr P Chas a English 27/1/19</i>
					<i>350 -</i>								<i>330 25</i>				<i>19 75</i>			<i>350 -</i>			<i>Pr P Chas a English 27/1/19</i>
																							<i>Pr P Chas a English 27/1/19</i>

Life Released

AUDITED
 AUG 7 1919
 1919
 Audit Clerk
 M.D. 10

* Strike out whichever is inapplicable.

ASSIGNED PAY	ENGLAND OR CANADA.	SEPARATION ALLOWANCE.	ENGLAND OR CANADA.
EFFECTIVE DATE:- 1-5-17.		EFFECTIVE DATE:-	
AMOUNT:- 20 ⁰⁰		AMOUNT:-	

NAME: *AULD Henry Albert Victor*
NUMBER: *820808*

150

NAME, ADDRESS, RELATIONSHIP & AUTHORITY	WHEN PAYEE OF A.P. IS THE SAME AS PAYEE OF S.A. THE WORD "SAME" ONLY TO BE WRITTEN IN THIS SPACE.
<i>Mrs. Agnes Auld. 1519 Donald St. Fort William Ontario. Mother.</i>	
<i>Stopped 1-3-19</i>	

PARTICULARS OF RANK OR APPOINTMENT		
AUTHORITY	DATE EFFECTIVE	RANK OR APPOINTMENT
		<i>Private</i>

UNIT AND TRANSFERS			
ORIGINAL UNIT:- <i>141st Batt.</i>			
DATE ACCOUNT FIRST OPENED:- <i>1-5-17.</i>			
AUTHORITY	DATE EFFECTIVE	DATE LEDGER SHEET T'S'F'D	UNIT TRANSFERRED TO
			<i>M.R.D.</i>

EXTRACTS FROM ACTIVE SERVICE PAY-BOOKS				UPON CLEARANCE OF VOUCHERS, ENTRIES WILL BE CANCELLED BY INSERTION OF DATE CHARGED IN RED INK			
DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT	DATE OF PAYMENT	NUMBER OF A.R.	UNIT PAID BY	AMOUNT
<i>3677</i>	<i>8/2/19</i>	<i>18 RES.</i>	<i>14 60</i>				

DAILY RATES OF PAY AND ALLOWANCES				
AUTHORITY	PAY	F.A.	P.F.A.	SUBS'CE ALL'CE
	<i>1-</i>	<i>10</i>		
				<i>Ledger Bal \$ 34 ⁹²/_{xx}</i>

PARTICULARS OF RENDERING NON-EFFECTIVE *Dis to Canada 1/3/19. M.R. 2870 E. Seaford 10/2/19 Seaford. M.D. 10 L.P.B. ✓ 6 = \$ 20 ³²/_{xx}*

MONTH	PARTICULARS	CR 1	CR 2	PARTICULARS	DR 1	DR 2	DR 3	DR 4	BALANCE	DEFERRED	SEPARATION
<i>McL.</i>	<i>Bal. Forward</i>								<i>24 28</i>		
<i>Apr.</i>	<i>P.P.</i>	<i>33</i>		<i>C.A.P.</i>				<i>30</i>			
				<i>A.P. 12 7/8 1st C.C.D.</i>	<i>7 30</i>				<i>25 11</i>		
				<i>" 669 24 7/8 "</i>	<i>4 87</i>			<i>20</i>			
		<i>33</i>			<i>12 17</i>						
<i>May</i>	<i>P Pay</i>	<i>34 10</i>		<i>B.A.P.</i>				<i>20</i>			
				<i>AR 1227 15/5/18 "</i>	<i>4 87</i>				<i>24 04</i>		
				<i>" 1491 28/5/18 "</i>	<i>7 30</i>						
		<i>34 10</i>			<i>12 17</i>			<i>20</i>			
<i>JUN</i>		<i>33</i>		<i>B.A.P.</i>				<i>20</i>			
				<i>AR 1646 4/6/18 "</i>	<i>24</i>						
				<i>" 1922 12/6/18 "</i>	<i>4 87</i>						
				<i>" 2142 25/6/18 "</i>	<i>7 30</i>						
				<i>" 2290 26/6/18 "</i>	<i>12</i>				<i>27 51</i>		<i>acct agreed</i>
		<i>33</i>			<i>12 53</i>			<i>20</i>			
<i>JUL</i>		<i>34 10</i>		<i>B.A.P.</i>				<i>20</i>			
				<i>" 2554 10/7/18 "</i>	<i>14 60</i>				<i>24 46</i>		
				<i>" 2822 26/7/18 "</i>	<i>2 55</i>						
		<i>34 10</i>			<i>17 15</i>			<i>20</i>			
<i>AUG</i>		<i>34 10</i>		<i>B.A.P.</i>				<i>20</i>			
				<i>" 1290 12/8/18 18 Res</i>	<i>4 87</i>						
				<i>" 1414 27/8/18 "</i>	<i>7 30</i>				<i>26 39</i>		
		<i>34 10</i>			<i>12 17</i>			<i>20</i>			
<i>SEP</i>		<i>33</i>		<i>B.A.P.</i>				<i>20</i>			
				<i>" 1734 19/9/18 Bousley</i>	<i>7 30</i>						
				<i>" 1658 26/9/18 18 Res</i>	<i>12 17</i>				<i>19 92</i>		
		<i>33</i>			<i>19 47</i>			<i>20</i>			
				<i>Forward</i>							

NUMBER 820808

RANK Pte

NAME AULI H.A.V.

C.A.P. 20⁰⁰

MONTH	PARTICULARS	CR. 1.	CR. 2.	PARTICULARS	DR. 1	DR. 2	DR. 3	DR. 4.	BALANCE	DEFERRED	SEPARATION
	Bal. fwd								19 92	Nil	
Oct.	OP.	34 10		Cap.				20			
				AR. 1883. 14/10 18 Res	4 81						
				, 2018 28/10	2 43				26 72		
		34 10			7 30			20			
Nov.		33		Cap.				20			
				AR. 2185. 18 Res. 11/11	7 30						
				, 2431. 25/11	4 87						
				, 2086 10/12	14 60						
Dec	Jan PP.	68 20		Cap.	26 77			40	41 15		
		101 20			26 77			60			
Feb.	P. Pay	30 80		C.A.P.				20			
				AR 3136 18 RES 9.1.19	7 30						
				✓ 3540 ✓ 29.1.19	9 73				34 92		
				3677 ✓ 11/2/19	14 60				20 32		
					31 63						
		30 80			31 63			20			

SOS 6 Jan 22.2.19 Auth 9023-18 Res (OM 910)

List of Discharge Documents.

Reg. Conduct Sheet,	Militia form B. 263
Squadron } Battery } Company }	Conduct Sheet, " B. 263a
or	
Field Conduct Sheet	" W. 178
Copies of Convictions, by C. P.	in MS.
Med. Hist. Sheet,	Militia form B. 313
Casualty Form	" W. 54
Medical Report for Invalid§	" B. 227
Dental History Sheet	" B. 465
Last Pay Certificate	" W. 44
Duplicate Discharge Certificate	" W. 39A
‡Form of Will	" W. 82

Attestation Paper	Militia Form W. 23
OR	
Particulars of Recruit	" W. 133
Proceedings on Discharge	" B. 218

In the case of recruits who are rejected on final approval, the discharge documents will consist of

- (a) Proceedings on Discharge.
- (b) Attestation.
- (c) Medical History Sheet.

§Only if discharged "Medically unfit."
‡Only if man has not been overseas.

Documents not accompanying this form should be crossed out.

I hereby certify that the following documents are unobtainable.

Officer Commanding.

N.B.—In the case of a man discharged by purchase, the date and number of Deposit Receipt with amount of same is to be noted hereon.

WAR SERVICE BADGE

CLASS "A." NO. 74121 ISSUED

This space to be for numbers.

Proceedings on Discharge.

(When forwarded for confirmation these proceedings should be accompanied by the documents specified on fourth page.)

No.	820808
Rank	Pte.
Surname	xxxx Auld.
Christian name	Henry Albert Victor
NOTE—The name must agree strictly with that on enlistment unless changed subsequently by authority.	
Corps (Squadron, Battery or Company)	141st Bn.
Date of discharge	26-3-19
Place of discharge	Port Arthur Ont.
1. DESCRIPTION AT THE TIME OF DISCHARGE.	
Age.....21.....years.....months.	Descriptive marks
Height.....5.....feet.....7.....inches.	
Complexion Fair	
Eyes Blue	
Hair Light Brown	
Trade	
Intended place of residence	1519 donald St. Port William, Ont.
(To be given as fully as practicable.)	

2. The above-named man is discharged in consequence of

★ C.O. 71 - 659 D.O. 81 ★

Authority for discharge.....R.O.1420-C.

N.B.—The cause of discharge must be worded as prescribed in the King's Regulations and be identified with that on the character certificate. If discharged by superior authority, the number and date of the letter to be quoted.

3. Conduct and character while in the service have been, according to the records, etc.

N.B.—This will be assessed when practicable, by the Commanding Officer, in the presence of the soldiers and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (Vide para. 332, K. R. & O., Canada.)

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the character certificate and initial them.

M. F. B. 218.

200M.—5-18.
H. Q. 1772-39-113.

(OVER)

5. He is in possession of the following number of G. C. Badges

No reference to G. C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations.....

To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. His account is correctly balanced, and signed by the Officer Commanding his Company, (Squadron or Battery, and I have impartially enquired into all matters brought before me in accordance with Regulations.

(Place).....

(Date).....

Commanding.....

8. Certificate to be signed by the Soldier on Discharge

I hereby acknowledge that I received all my Pay, Allowances and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place) Port Arthur, Ont. H.A.V. Auld (Signature of Soldier.)

(Date) 18/3/19 S.P. Russell (Signature of Witness.)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. Additional Certificate in the case of a Soldier who takes his discharge on his own request.

I hereby declare that I do of my own free will request to be discharged from His Majesty's Service.

(Signature of Soldier.)

10. Statement of Service.

Service toward Engagement to.... (the date to which the Record of Service is completed)..... years..... days.

Total..... years..... days.

11. Confirmation of Discharge.

The discharge of the above-named man is hereby confirmed.

(Place) Winnipeg, Man.

(Signature) J.P. Forbes Major.

(Date) 26-3-19.

O.C. No. 10 District Depot.

Reservations referred to at Para. 8.

(To be signed by the soldier. When there are none, it is to be so stated, and signed by the soldier.)

H.A.V. Auld.

LIST OF DISCHARGE DOCUMENTS.

Attestation Paper, Triplicate..... Militia Form W. 23
 or Particulars of Recruit..... Militia Form W. 133
 Field Conduct Sheet..... Militia Form W. 178 or A.F.B. 122
 Casualty Form..... Militia Form W. 54 or A.F.B. 103
 Last Pay Certificate..... Militia Form W. 44
 Certificate that missing documents are unobtainable.....
 Medical History Sheet..... Militia Form B. 313 or A.F.B. 178
 Proceedings of Medical Board..... M.F.B. 227, A.F.B. 179 or A.F.A. 45
 Dental History Sheet..... Militia Form B. 465
 Medical Report..... M. F. W. 129 or D. M. S. 1375
 Regimental Conduct Sheet..... Militia Form B. 263
 Company Conduct Sheet..... Militia Form B. 263a

SHORT FORM.
 PROCEEDINGS ON DISCHARGE.
 (Demobilization.)

A. D. 10
Group 7

1. No. <i>820 808</i>	
2. Rank. <i>Pte</i>	
3. Name. <i>Auld # A.V.</i>	
4. Unit. <i>18th Res</i> <i>141st Bn</i>	
5. Date of Discharge	Place <i>Port Arthur</i>
6. Reason for Discharge <i>Demol.</i>	
<p><i>A</i> SLI LVFI FER 23/19 <i>Mother</i> LET HFX MAR 2 10 H M I * BELGIC *</p>	
7. Authority.	
8. Proposed Residence after Discharge <i>Hort William</i>	
<p style="text-align: center;"><i>W. S. B. Class. A. No. —</i></p>	
<p>9. CERTIFICATE TO BE SIGNED BY SOLDIER.</p> <p>I hereby acknowledge that at the undernoted place and date I received my discharge Certificate</p> <p>M. F. W. ?</p> <p>.....</p> <p style="text-align: right;">Signature of Soldier.</p>	
<p>10. CONFIRMATION.</p> <p>The discharge of the above named man is hereby confirmed.</p> <p>Place.....</p> <p>Date.....</p> <p>.....</p> <p style="text-align: right;">Signature..... (O. C. Discharging Unit.)</p>	

R.S. Gil